mine whether these bodies occurred only in cases of scarlet fever, and whether they were pathognomonic of the disease. His examinations were always checked over and corroborated by two of his assistants. He examined 80 children ranging in age from five days to thirteen years. Of this number 59 were ill and 21 were in good health. In the 21 healthy children the inclusion bodies were present in 17 cases and absent in 4 cases. The bodies were found positive in 11 cases of scarlet fever, 6 cases of diphtheria, 4 cases of acute bronchitis, 3 cases of pertussis, 4 cases of tuberculosis of the bones, 4 cases of gastro-intestinal catarrh, 1 case of typhoid and 3 cases of catarrhal pneumonia. In some of the preparations, especially those of pertussis and tuberculosis the bodies were found in only a few of the leukocytes, but this was the only difference noted. Bongartz therefore concludes that the inclusion bodies are found in the protoplasm of the leukocytes in children generally. That they apparently increase in number and are found in almost all the leukocytes during febrile conditions. That it is not possible to consider the inclusion bodies pathognomonic for any one disease, certainly not for scarlet fever.

Some Considerations on Infant Feeding.—F. G. CROOKSHANK (*British Jour. Child. Dis.*, 1912, ix, 31) mentions a large number of considerations affecting infant feeding, based on clinical experience. The method of inductive logic, the hypotheses based on clinical experience is preferable to the deductive plan, and the diversity of opinions in pediatrics is unfortunate. The problem of infant feeding depends on the mother's state of nutrition during pregnancy and the amount of stimulation of the maternal glands by particular substances in the diet during and preceding pregnancy. Defective suckling power is often due to a lack of "biological galactogogues." The milk of a cow fed on lush pasturage and sweet hay has more biological value than that from a cow fed on artificial fodder such as copra, etc. The peasant woman is usually chosen as a wet nurse in preference to the town-bred product, because she is efficient biologically, having lived on food which has produced her race. This suggests the importance of the biological qualities of the food of cows and other animals that supply human aliment. Practical experience shows that if the child be healthy and the cow well fed and kempt, far less modification of the milk is necessary. Wonderfully successful results have attended Dr. Langmead's plan of giving undiluted, unboiled milk with the addition of a few grains of sodium citrate. There is probably a definite correlation between artificial feeding in infancy and the functionating of the lactiferous gland in later life. Slightly diluted, unboiled cow's milk with the addition of some malted food has been of most service to Crookshank. Fresh milk can be increased in quantity from time to time until the child is taking almost undiluted fresh cow's milk. Malt helps in massing the curd, is slightly laxative, and compensates for deficiency in cream. A little Bermuda arrow-root, well boiled, and taken nearly cold is an excellent, temporary food in intestinal disorders. Veal or mutton broth thickened with arrow-root is a good substitute for milk during the hottest weeks of summer. It is better than boiled milk, if, in making the broth, the sternum and ribs of veal and mutton are first split open. A yearling, well forward with its teeth should have food which exercises its jaws and stimulates the ptyalin and gastric juice, and should not be fed entirely on extractives such as beef tea, etc. The demineralization attendant on tuberculosis points to the value of mineral salts in food articles. One of the biological values of food, the hormonic, is very important, and mother's milk has an homologous hormonic value. Food for mother's should be least interfered with in manufacture or cooking.

OBSTETRICS

UNDER THE CHARGE OF

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Prolapse of the Placenta.—HARTMANN reports from Meyer's clinic in Copenhagen (*Monatsschr. f. Geb. und. Gyn.*, 1912, Band xxxv, Heft 5) the case of a multipara who had suffered from prolonged albuminuria following diphtheria in childhood. She was admitted to hospital about six months pregnant, with marked nephritis and edema. There had been bleeding at varying intervals. Shortly after admission the patient discharged clots with fluid blood, and examination showed the internal os covered by placenta. An elastic bag was inserted to hasten labor and check hemorrhage. The patient gradually became worse, the uterus becoming greatly distended, and edema of the genitals developing. It was impossible to deliver the bag unemptied through the cervix. On emptying and removing it, blood clots were delivered and also the placenta. On rupturing the membranes the fetus was delivered by version and extraction. The patient died, with great restlessness, dyspnea, and a pulse at first strong, then becoming weak. Autopsy showed chronic nephritis with characteristic changes in the heart and vessels. There was abundant serous fluid in the thoracic cavity, the pericardium, and peritoneum. The tissues were anemic. On examining the placenta the changes characteristic of nephritis were well developed.

The Influence of Vaginal Douches during Pregnancy upon the Normal Genital Tract.—POLANO (*Zeitschr. f. Geburts. und Gynäk.*, 1912, Band lxx, Heft 2) has made observations to ascertain the effect produced upon pregnant patients by vaginal douches. His observations were made upon patients not in labor, some of them in a normal condition, others suffering from vaginal and cervical catarrh. Various antiseptics and disinfectants were employed. He finds that one cannot accurately estimate the sterility of the birth canal by the comparative sterility of culture material used as a test. He believes that the growth of material upon agar is our most practical method of estimating the results obtained by different methods of treatment.